

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 \_ 0 5 \_

2. STATE:

WV

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

November 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.296

7. FEDERAL BUDGET IMPACT:

a. FFY -0- \$ -0-

b. FFY -0- \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A-1  
Page 109. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:

This amendment revises the disproportionate share hospitals quarterly  
payment restriction for state owned hospitals.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Nancy V. Atkins, MSN, RNC, NP

14. TITLE:

Commissioner

15. DATE SUBMITTED:

October 30, 2002

16. RETURN TO:

Nancy V. Atkins, MSN, RNC, NP  
Commissioner  
Bureau for Medical Services  
350 Capitol Street, Room 251  
Charleston, WV 25301-3706

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

11/14/02

18. DATE APPROVED:

11/29/02

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

11/1/02

20. SIGNATURE OF REGIONAL OFFICIAL:

Charles Brown

21. TYPED NAME:

CHARLENE BROWN

22. TITLE:

Deputy Director, CMSC

23. REMARKS:

4.19 Payments for Medical and Remedical Care and Services**Inpatient Hospital Services - Disproportionate Share Hospitals**

under this Section less Section less Section B.1. payments. Qualifying hospitals will receive a payment adjustment which will not exceed the annual cost limit less Section B.1. payments.

4. ANNUAL COST LIMIT - The annual sum of each hospital's Section B.1, B.2. or B.3. payments will be limited as follows:
  - a. Each hospital's annual payment will be limited to the cost of services to Medicaid patients (Inpatients and Outpatients) less the amount paid by West Virginia Medicaid under the NON-DSH payment provisions plus the cost of services to uninsured patients (Inpatients and Outpatients) less any cash payments made by or for them. The uninsured (for the purposes of this plan) are those patients without third party coverage. The cost of services to uninsured patients may not include patients with third party coverage in whole or in part.
  - b. Institutions For Mental Disease (IMD) are subject to an additional annual payment limit based on Section 4721(b) of the Balanced Budget Act of 1997. The IMD annual DSH payment limit is the lesser of:
    - (1) The IMD's annual payment limit as computed in Section 4.a. above; or
    - (2) The IMD's portion of the State's total computable expenditures applicable to the 1995 DSH allotment as reported on the HCFA 64 as of January 1, 1997; or
    - (3) The IMD's portion of the amount equal to the product of the State's current year total computable DSH allotment (as calculated above) and the "applicable percentage".